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Substitute for form 1449/PTO	Complete if Known				
	Application Number	10/552,045	 		
INFORMATION DISCLOSURE	Filing Date				
	First Named Inventor	Errera			
STATEMENT BY APPLICANT	Art Unit	1 1 1			
(Use as many sheets as necessary)	Examiner Name				
Sheet 1	Attorney Docket Number	67219-002			

U. S. PATENT DOCUMENTS						
Examiner C Initials N		Document Number Number-Kind Code ^{2 (F known)}	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	
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